



Express Mail Label No.: EM 066 614 494 US
Date of Deposit: June 25, 2008

Attorney Docket No. 27585-017

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Flautt et al.
Serial No.: 10/696,338
Filed: October 23, 2003
For: Superabsorbent Water-Resistant Coated
Fiber Reinforced Articles

Postage Ref: 07/22/2008 CKHLOK 0000351100
DRAFTS00311 Name/Number:60975068
FC: 9204 \$2230.00 CR

Examiner: Dr. K.C. Egwim
Art Unit: 1796

Attention: Office of Petitions
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**PETITION FOR EXTENSION OF TIME
TO RESPOND TO OFFICE ACTION**

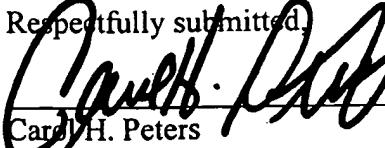
Sir:

Applicants submit herewith a petition for five months extension of time to extend the time to file a response required in the above-identified application on or before February 14, 2007. Applicants enclose herewith a check in the amount of \$ 2,230 for the requisite fee for five months extension of time.

If the enclosed check is insufficient, the Commissioner is hereby authorized to charge the balance required to the account of the undersigned, Deposit Account No. 50-0311, referencing Attorney Docket No. 27585-017. A duplicate copy of this Petition is enclosed for this purpose.

Should the Office have any questions concerning this petition for one-month extension of time, the Office is invited to telephone the undersigned.

Respectfully submitted,


Carol H. Peters
Registration No. 45,010
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GLOVSKY and POPEO, P.C.
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06/30/2008 LTRUONG 00000032 10696338

03 FC:1255

2230.00 DP

Date: June 25, 2008

Adjustment date: 07/22/2008 CKHLOK
06/30/2008 LTRUONG 00000032 10696338
03 FC:1255 -2230.00 DP

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>7/21/08</u>		2 Serial/Patent # <u>10696338</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
			6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$
<input checked="" type="checkbox"/> Amendment			\$
<input checked="" type="checkbox"/> Extension of Time		<u>—</u>	<u>6/25/08</u> \$ 2230.00
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	<u>\$ 2230.00</u>
		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/> Overpayment		Treasury Check	
<input checked="" type="checkbox"/> Duplicate Payment		Credit Deposit A/C #: <u>9 580 -- 0311</u>	
<input checked="" type="checkbox"/> No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Liane Walsh</u>		TITLE: <u>Pat Examiner</u>	
SIGNATURE: <u>L. Walsh</u>		PHONE: <u>232040</u>	
OFFICE: *****			
THIS SPACE RESERVED FOR FINANCE USE ONLY: <u> </u>			
APPROVED: <u> </u>		DATE: <u>7/22/08</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B